

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

SPECIAL OPERATIONS OPSEC EDUCATION FUND INC(b) Address (number and street) ☐ check if different than previously reported901 KING STREET
SUITE 400

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002042**3. Is This Statement****New**

or

**Amended****4. Covering Period**

M M M

/ D D D

/ Y Y Y Y Y Y

through

M M M

/ D D D

/ Y Y Y Y Y Y

5. (a) Date of Public Distribution(s)M M M / D D D / Y Y Y Y Y Y
11 04 2012**(b) Communication Title** Bump in the Road**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: not for profit corp**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Michael Smith

(b) Address (number and street)

901 King Street
Suite 400

(c) City, State and ZIP Code

Alexandria

VA 22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 94000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Michael Smith

SIGNATURE

Michael Smith

[Electronically Filed]

DATE

11/04/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.